

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL ☒ DEEPEN ☐ PLUG BACK ☐NAME OF COMPANY OR OPERATOR Mainline U.S.A., Inc. 4-3-81 IRS
Midwest Resource Management, Ltd. DATE 3-2-804722 Broadway, Suite 242 Kansas City Missouri 64112
Address City State

DESCRIPTION OF WELL AND LEASE			
Name of lease	Long		Well number / Elevation (ground)
WELL LOCATION (give footage from section lines) <u>1651</u> ft. from (N) sec. line <u>1480</u> ft. from (W) sec. line			
WELL LOCATION Section <u>34</u> Township <u>44</u> Range <u>33</u>			County <u>Cass</u>
Nearest distance from proposed location to property or lease line: <u>165</u> feet		Distance from proposed location to nearest drilling, completed or applied - for well on the same lease: _____ feet	
Proposed depth: <u>600'</u>	Rotary or Cable tools	Approx. date work will start <u>ASAP</u>	
Number of acres in lease: <u>162</u>		Number of wells on lease, including this well, completed in or drilling to this reservoir: _____ Number of abandoned wells on lease: <u>1</u>	
If lease, purchased with one or more wells drilled, from whom purchased: Name _____ Address _____		No. of Wells: producing _____ inactive _____ abandoned <u>1</u>	
Status of Bond Single Well <input type="checkbox"/> Amt. _____ Blanket Bond <input checked="" type="checkbox"/> Amt. <u>\$20,000</u> <input type="checkbox"/> ON FILE <input checked="" type="checkbox"/> ATTACHED			
Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.			
Proposed casing program:		Approved casing - To be filled in by State Geologist	
amt. <u>20'</u>	size <u>7 1/2"</u>	wt./ft. _____	cem. _____
<u>70</u>	<u>2"</u>	_____	<u>60 SX</u>
_____	_____	_____	_____
_____	_____	_____	_____
I, the undersigned, state that I am the <u>President</u> of the <u>Midwest Resource Management Ltd.</u> (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.			
Signature <u>Carl W. Mills Pres.</u>			

Permit Number: 20059Approval Date: 2 March, 80Approved By: Wallace B. Hays
by Wells

Note: This Permit not transferable to any other person or to any other location.

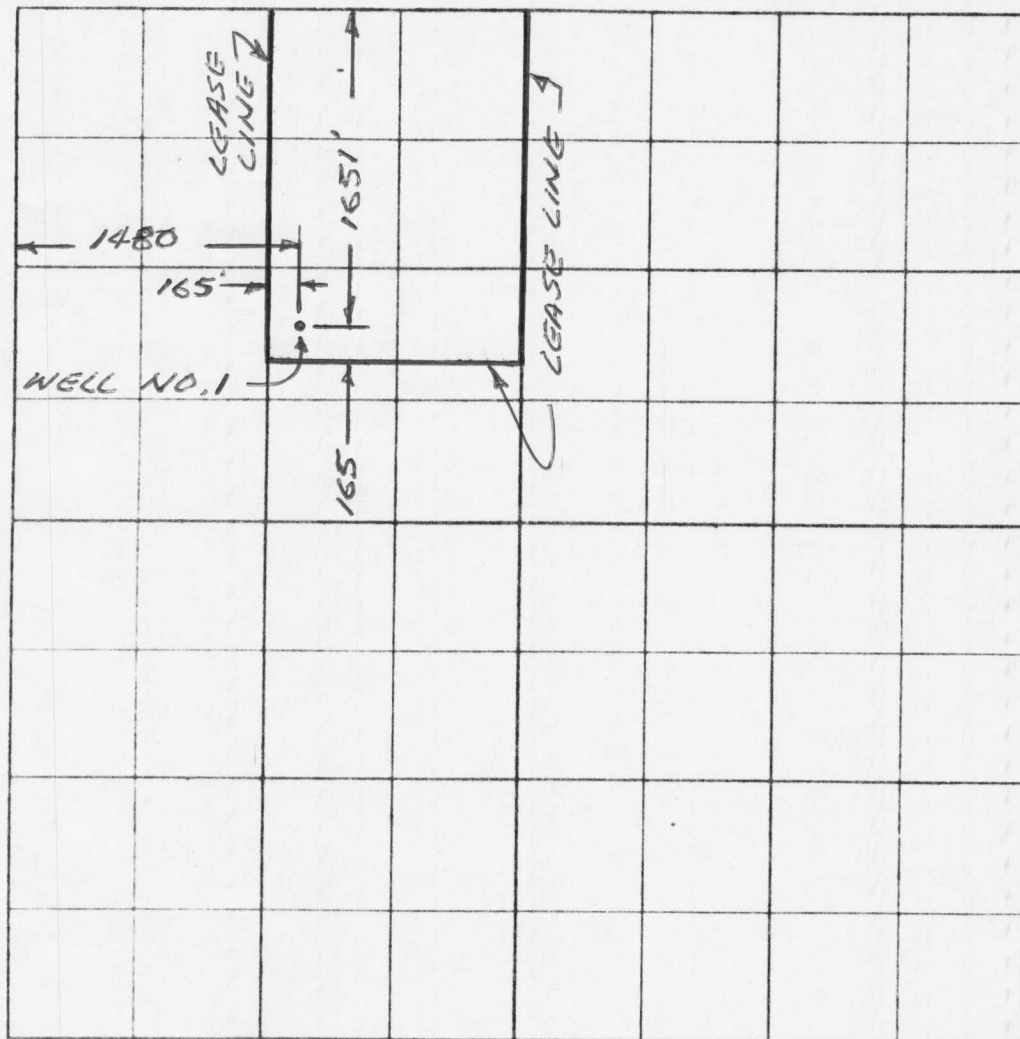
Remit two copies to: Missouri Oil and Gas Council
P.O. Box 250 Rolla, Mo. 65401
One will be returned for driller's signature☒ SAMPLES REQUIRED☐ SAMPLES NOT REQUIRED

WATER SAMPLES REQUIRED @:

MAR 02 1980

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.

WELL LOCATION PLAT

Owner: Albert E. LongLease Name: Albert E. Long County, Cass1651 feet from (N) (S) line and 1480 feet from (E) - (W) line of Sec. 34 Twp. 44 Range 33SCALE
1" = 1000'REMARKS: For Leasor: Carl Mitts
Well No. 1

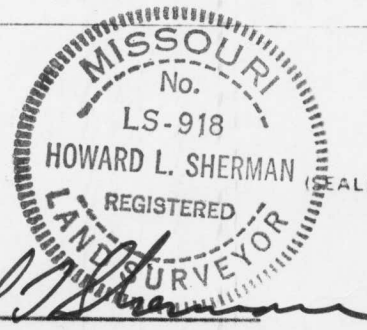
INSTRUCTIONS

On the above plat, show distance of the proposed well from the two nearest lease and section lines, and from the nearest well on the same lease completed in or drilling to the same reservoir. If the location requested is not in conformance with the applicable well-spacing rules, show all off-setting wells to the proposed well. Do not confuse survey lines with lease lines. See rule 7 - 3 (b) for survey requirements.

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P.O. Box 250 Rolla, Mo. 65401
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Registered Land Surveyor



MISSOURI OIL AND GAS COUNCIL

Form OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

New Well ☒ Work Over ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Different Reservoir ☐ Oil ☒ Gas ☐ Dry ☐

Owner MAINLINE USA INC.		Address 105 East Madison, Iola, Kansas 66749	
Lease Name Long, A.		Well Number 1	WELL NOT DRILLED
Location		Sec. — TWP-Range or Block & Survey	
County	Permit number (OGC3 number)		
Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet
Total depth	P B T D		
Producing interval (s) for this completion		Rotary tools used (interval) From to Drilling Fluid used	Cable tools used (interval) From to
Was this well directionally drilled?	Was directional survey made?	Was copy of directional survey filed?	Date filed
Type of electrical or other logs run (list logs filed with the State Geologist)			Date filed

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size hole drilled	Size casing set	Weight (lb. ft.)	Depth set	Sacks cement	Amt. pulled

TUBING RECORD

LINER RECORD

Size in.	Depth set ft.	Packer set at ft.	Size in.	Top ft.	Bottom ft.	Sacks cement	Screen (ft.)

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Amt. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:)					
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity API (Corr.)	
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas—oil ratio	

Disposition of gas (state whether vented, used for fuel or sold):

Method of disposal of mud pit contents:

CERTIFICATE: I, the undersigned, state that I am the Landman of the Mainline USA Inc. (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

RECEIVED

MAR 02 1983

Signature

Landman

MO. OIL & GAS COUNCIL

Remit two copies. one will be returned.